VILLAGE OF FLOWER HILL
1 Bonnie Heights Road | Manhasset, NY 11030
| (516) 627-5000 | www.villageflowerhill.gov

DRYWELL/SEPTIC PERMIT APPLICATION CHECKLIST:

REQUIRED FOR ALL NEW AND REPLACEMENT SYSTEMS:

- ☐ Submit a Building Permit Application.
- ☐ Current survey dated within one (1) year of the application. If survey is more than one year old, or an updated site plan certified by the architect or engineer of record as accurately reflecting existing conditions.
- ☐ Site Plan showing existing and proposed system drywells, septic tanks, leaching pools, piping, property lines, buildings, utilities and applicable setbacks.
- ☐ Short Environmental Assessment Form, where required.
- ☐ Insurance – For required coverages see "Insurance Requirements for Obtaining a Permit" attached to Building Permit Application:

____General Liability (Accord Form) with Village of Flower Hill named as Additional Insured ____Worker's Compensation (C-105.2 Form) ____Disability Insurance (DB 120.1 or DB155 Form) ____Nassau County Home Improvement License

NEW INSTALLATION

- ☐ Site Plan and system design showing location, type, size, capacity, piping and required setbacks.
- ☐ Drywells: Drainage calculations demonstrating capacity for a 3- inch rainfall.
- ☐ Septic Systems: Design calculations, including number of bedrooms or anticipated wastewater flow, and compliance with NYS and Nassau County Standards.

REPLACEMENT OF EXISTING SYSTEM

- ☐ Site Plan showing existing system, components being replaced, and location and size of replacement components and piping. Indicate whether the replacement is in the same location of a new location.
- ☐ Indicate components to be removed or abandoned, if applicable.
- ☐ Provide revised calculations if system capacity, drainage area or wastewater flow is changing.

NOTE: Electrical inspection certificate is required for new and replacement nitrogen-reducing septic systems with electrical components.

- ☐ Fee: **Drywell**: $250 + 1.5% of Cost of Construction (includes Certificate of Completion)
  Septic: $500 + 1.5% of Cost of Construction (includes Certificate of Completion)

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK
HOURS OF WORK: MONDAY – FRIDAY 8:00 AM – 6:00 PM
NO CONSTRUCTION WORK ON SATURDAY, SUNDAY OR FEDERAL HOLIDAYS

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Permit # _____

BUILDING PERMIT APPLICATION

Application must be submitted with the requirements applicable to the proposed project.
An application is not complete until all required information and supporting documents have been submitted.

1. PROPERTY INFORMATION

Site Address _____

Section / Block / Lot / Zone Section: Block: Lot: Zone:

2. PROJECT INFORMATION (CHECK ALL THAT APPLY)

Project Type (check all that apply):

☐ New Single-Family Dwelling ☐ Addition/Alteration ☐ Interior Alteration/Renovation ☐ Exterior Alteration
☐ Shed ☐ Accessory Structure ☐ Demolition ☐ Siding ☐ Fence ☐ Roof ☐ Windows/Doors ☐ Swimming Pool/Spa
☐ Patio or Other Non-Vegetative Surface ☐ Sports Court ☐ Plumbing ☐ Drywell/Septic ☐ HVAC/Generator ☐ EV Charger
☐ Oil Tank /Removal Abandonment

Driveway: ☐ Repave Existing (No Changes) ☐ Modify Footprint ☐ Other: _____

Description / Scope of Work:

_____

_____

_____

Will the property be regraded or site contours changed? ☐ Yes ☐ No Will fill be brought onto the property? ☐ Yes ☐ No
Will any trees be removed in connection with this project? ☐ Yes ☐ No

3. PROPERTY OWNER

Owner Name _____

Mailing Address _____

Telephone / Email _____ / _____

4. APPLICANT

Applicant Name _____

Relationship to Owner ☐ Owner ☐ Architect/Engineer ☐ Contractor ☐ Authorized Agent ☐ Other: _____

Mailing Address _____

Telephone / Email _____ / _____

If the applicant is not the property owner, complete the Owner Authorization on page 3.

5. CONTRACTORS

Contractor Name: _____ Address: _____

Phone: _____ Email: _____

Architect/Engineer _____

Phone: _____ Email: _____

Plumber _____ Phone: _____ Email: _____

Electrician _____ Phone: _____ Email: _____

Misc. _____ Phone: _____ Email: _____

Approval of this application, plans, ARC BZA or any other Village approval does not authorize work to begin.

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK

Initial: _____

In consideration of the issuance of the requested permit, the applicant agrees that all work will comply with the approved plans, the Village Code, the New York State Uniform Code and Energy Code, and all other applicable laws and requirements. The owner/applicant authorizes the Building Superintendent and other authorized Village representatives to enter the property at reasonable times for inspections related to the permitted work.

Initial: _____

FOR BUILDING DEPARTMENT USE ONLY

☐ Approved ☐ Denied _____
(Reason)
Signature: _____ Date _____
(Building Inspector)

BUILDING PERMIT FEE $_____ Paid Date _____

Signature: _____ Date _____
(Building Inspector)

6. PLUMBING

Project Type (check all that apply):

☐ New ☐ Repair

Number of Fixtures:
New _____ Existing _____ Total: _____

Number of Gas Appliances:
New _____ Existing _____ Total: _____

Description / Scope of Work:

_____

_____

_____

Fixtures	Location			
Location	**B**	**1ST**	**2ND**	**3RD**
Bathroom Sink				
Toilet				
Bathtub				
Stall Shower				
Bidet				
Urinal				
Kitchen Sink				
Utility Sink				
Indirect Wastes				
Dishwasher				
Washing Machine				
Floor Drains				
Water Cooler/Fountain				
Main Water Service				

( ) Gas ( ) LP Gas ( ) Oil

Fixtures	Location			
Location	**B**	**1st**	**2nd**	**3rd**
Fuel Tank Size				
# Ft Gas Piping				
HVAC				
Furnace Gas/Oil				
Stove/Oven				
Boiler Gas/Oil				
Indirect Storage Tanks				
Dryer				
Generator				
Gas Fireplace				
Unit Heater				
Pool Heater				
Barbeque				
Other: _____				

ADDITIONAL REQUIREMENTS:

- Schematic riser diagram required for sanitary piping for Plumbing Permits.
- Schematic piping plan illustrating length of pipe runs required for Gas Piping Permit.
- Survey illustrating location of exterior placed equipment required for HVAC and Generator Permits.

OWNER ATTESTATION, AUTHORIZATION AND APPLICANT AFFIDAVIT

Property Address _____

Section / Block / Lot Section: / Block: / Lot:

A. OWNER ATTESTATION AND AUTHORIZATION (MUST BE NOTARIZED)

I, the undersigned, being duly sworn, state that I am the owner of record of the property identified above or am duly authorized to sign on behalf of the property owner.

I certify that the information contained in the Building Permit Application and all accompanying plans, documents and submissions is true, accurate and complete to the best of my knowledge and belief. I understand that the Village will rely upon this information in reviewing the application and that any material misrepresentation or omission may result in denial or revocation of the permit.

If this application is filed by someone other than the property owner, I authorize the person identified below to act as the owner's agent for purposes of filing and processing this application and related submissions with the Village of Flower Hill.

Owner / Authorized Signatory _____

Applicant Authorized to Act _____

Print Name / Title _____ / _____

Signature / Date _____ / _____

Sworn to before me This day of , 20

Notary Public _____

B. APPLICANT AFFIDAVIT (MUST BE NOTARIZED)

STATE OF NEW YORK
COUNTY OF NASSAU ss.:

I, the undersigned applicant, being duly sworn, state that I am authorized to submit this application and that the information contained in the Building Permit Application and accompanying documents is true and complete to the best of my knowledge and belief. I understand that issuance of a permit does not authorize work contrary to applicable Village requirements or law.

Applicant Name _____

Capacity ☐ Owner ☐ Authorized Agent ☐ Architect/Engineer ☐ Contractor ☐ Other: _____

Applicant Signature _____

Sworn to before me This day of , 20

Notary Public _____